WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

REC'D APR 15 1938

1. PLACE OF DEATH
1 County Adair 2
2 Township 1
2 City Kirksville Mo (No. ..... St. ..... Ward)

Registration District No. 4
Primary Registration District No. 3001

File No. 9964
Registered No. 52.

2. FULL NAME Lenoard S Funk 520

(a) Residence, No. 607 S Marion St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Funk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20 1855

7. AGE: YEARS 82 | MONTHS 7 | DAYS II | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia. 1

FATHER
13. NAME: Joseph Funk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia. 1

MOTHER
15. MAIDEN NAME: Elizabeth Taylor 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia

17. INFORMANT (ADDRESS): A P Funk 1202 East Harrison Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Cemetary DATE April 2 1938

19. UNDERTAKER (ADDRESS): Dee Riley Kirksville Mo.

20. FILED April 4, 1938. Spencer L. Freeman 3
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1938, to 4-1, 1938
I last saw him alive on 4-1, 1938. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	
1. Myocarditis, chronic	
2. Nephritis, chronic	
3. Hypotension	Jan 1938

Other contributory causes of importance: 131

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. J. Kimp M.D. 1, M. D.
(Address) Kirksville, Mo.